

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXII.

THURSDAY, MAY 24, 1860.

No. 17.

WESTFORD VACCINATION CASES.*

[Communicated for the Boston Medical and Surgical Journal.]

ABOUT the 1st of February, 1860, some of the leading citizens in Westford observed a notice in the *Boston Daily Journal* of vaccine matter for sale by the City Physician of Boston, Dr. H. G. Clark, which was represented to be derived from the cow, and therefore possessing more fully the genuine *vaccine virus*. They sent for and obtained twenty quills and three scabs, at an expense of six dollars. On Friday, Feb. 10th, this matter was placed in the hands of Dr. James T. Buttrick, who had just removed to the place, and on Saturday and Sunday, Feb. 11th and 12th, these quills were used in vaccinating various persons. About one quarter of these cases were first vaccinations, and only one of the quills took at all, and that imperfectly—being a case of re-vaccination.

Two of the scabs were placed by Dr. Buttrick in one vial, and one in a separate vial, and snow water was added to the vial containing the two scabs on or before Monday, the 13th. On the afternoon of Monday, the 13th, Dr. Buttrick went to Pelham, N. H., to visit his brother, and while there vaccinated his mother, his brother, his brother's wife, and their three sons, all young—Charles, Abner and James—the last three being first vaccinations. The vaccine matter was obtained from this single scab kept dry in a vial.

Dr. Buttrick states, "I used the scab—took it to the mouth of the vial and broke it with a lancet so as to get it out, and then scraped off some and applied it with the point of a lancet and a quill; did not moisten it at the time."

Augustus Buttrick swears that the "Doctor took a scab and opened it, and took the matter from it, and did not moisten it."

* This paper was read at the Annual Meeting of the Middlesex North District Medical Society, held in Lowell, April 28th, 1860, and the statements, whether in quotation marks or not, are taken from the report of a Coroner's Inquest held at Westford in the month of March. It was prepared by a Committee appointed by the Medical Society to make some report on the subject.

Mrs. Buttrick says, "I saw the Doctor having nothing except the scab, which he did not moisten."

Now what were the results of these vaccinations?

Mrs. Polly Buttrick, the mother, aged 63, states that in her case it amounted to nothing—no pain or bad effects whatever followed.

Augustus Buttrick states, "My arm pained me a day or two after. It itched and was heated, not swelled. It remained in the same state a week or more; have suffered nothing since."

Mrs. Emily A. Buttrick swears that "An hour after vaccination my arm pained me, and has done so to the present time (three weeks); not much swelling, but inflammation set in. Now there is no scab. My arm was healthy before."

Charles Buttrick, the oldest boy, says his father "was singularly affected; he complained a good deal of his arm a day or two after vaccination; arm not much inflamed or swelled. His arm is now in a good state; the scab fell off in a week or a fortnight; he is as healthy since as before."

Abner Buttrick says his father "had a rough, ragged scab, which is still on his arm; the sore extended and spread; he complained of his arm, though not much swelled or inflamed."

"The arm of James Buttrick, aged 5 months," says his father, "after vaccination exhibited red streaks, extending from the sore (soon after it was done) up to the neck; grew worse; at last the arm was scarlet to the shoulder; swelled badly to the fingers; previous to this time, he was in good health. James died on Friday morning, four days after vaccination; he had spasms Wednesday evening; came out of the first, but never out of the second; was in terrible distress."

Mrs. Buttrick, the mother, in her testimony confirms the same statements. Dr. Bachelder, of Pelham, was called on Thursday to the child. Thought the spasms occasioned by worms or indigestion; said the child could not recover; said the sickness could not be occasioned by vaccination, that the matter was not long enough in the arm to work, but did not examine the arm.

Dr. Buttrick, on his return from Pelham, took the scab from the vial used there, and put it into the vial in which the two other scabs had been dissolved with snow water. On the 14th of February, or the day after, he put the thread into the same vial, and a small portion of thread was introduced into all arms afterwards vaccinated.

Feb. 16th was the first day Dr. B. vaccinated from the dissolved matter—which might have been from three to five days after the water was first added. Among the number vaccinated that day, and the only ones of whom we have any account given, were four children of Cyrus Hamblin—two sons and two daughters. With one son it had no effect; but with the other, and the two daughters, it had a strange effect. Says the mother, "Sarah complained of her arm in ten or fifteen minutes afterwards. Next

day the arm was inflamed and lame—not much swollen. Friday night she was taken quite sick, and next morning the arm was very red and swollen, and looked like a large boil. At noon it broke, and discharged yellow matter. Sunday her lips itched and smarted. Monday they broke out very badly, and continued so more or less for a week or two. The arm continued sore, and a scab formed and came off several times.” The second daughter, Katy, had a sore arm similar to Sarah’s, but no sore lips. Henry, the oldest son, had a sore arm, not so bad, but with some erysipelas following it.

These are the only cases noticed at the Coroner’s Inquest as vaccinated on the 16th of February, but there were probably others.

Feb. 17th, Dr. Buttrick states that he vaccinated several persons, but neither he nor any other witnesses testify who they were—the presumption is, that it did not have much effect.

Feb. 18th, Dr. Buttrick vaccinated quite a number of persons at Forge Village. Among them were Mr. Bostwick, Mr. George Wright, Mrs. Harris, and Mrs. Prescott. The testimony of these persons was not taken before the inquest, but the history and state of their arms correspond very nearly with that of Mr. Wright, which is given below. It seems that Mr. Bostwick was so sick the next day, Sunday, as to take his bed and send for the Doctor. The other three persons were soon taken dangerously sick, and Mrs. Prescott died on the fourteenth day after vaccination.

Feb. 20th, Dr. Buttrick vaccinated Mr. Samuel Fletcher, his son-in-law Mr. Sherman D. Fletcher, with others in the family, and some other persons of whom no account is given. Mr. Samuel Fletcher, vaccinated at 4 o’clock, P.M., on Monday, became unwell the same night, and sent for a physician next day. Mr. Fletcher died on Saturday, the fifth day afterwards. Mr. S. D. Fletcher had more or less erysipelas afterwards—not on his arm, but elsewhere.

Feb. 21st, Mr. Ephraim Wright, in the centre of the town, and Mr. S. Lawrence, at Forge Village, were vaccinated; and only one or two other persons are mentioned as vaccinated that day. After the 21st, no persons were vaccinated.

As the history and changes of one severe case may represent the whole of this class, that of Mr. Wright, the only one fully reported, may here be briefly given.

Mr. Ephraim Wright was vaccinated on Tuesday, Feb. 21st, about 11, A.M. Says his daughter, “I saw him an hour after; he complained of feeling the effects of vaccination; within six hours he could feel it sensibly. Wednesday his arm looked red on the place vaccinated, as large as a ten-cent piece—arm swelled and much inflamed; he gave up work; had severe pains in the head, back and elsewhere; was restless that night. Thursday, arm swelled and was still more inflamed; he sat up but little. Friday, arm more swollen, and discharged a little; he sat up a short time

only. Saturday, arm more swollen, extending higher and lower—was much inflamed. He got up, but had to retire immediately. Sunday, arm swollen to the shoulders and looked very red, and somewhat dark. Monday, arm swelled as much; not so much pain and color; not so dark. Arm swelled more towards the hand and across the chest. Tuesday, appearance of the arm the same; color, red; swollen badly, and discharged more freely. This day he lost his reason. Wednesday, Thursday, Friday and Saturday, arm not much changed. Less pain and swelling, but darker color and more discharge. He died Sunday, March 4th, the twelfth day after vaccination.

The pathological state of Mr. Wright's arm, as described at the *post-mortem* examination, so far as given is as follows: Dr. Kimball states, that the "arm of Mr. Wright was difficult to describe. It was in a state of rottenness," &c. Says Dr. Graves, we "found the whole arm—the cellular tissue—filled with purulent matter. The disease had extended to the neck, breast and lungs, which were congested and unhealthy, produced by recent disease." Says Dr. Allen, we "found the arm infiltrated with purulent matter, extending even to the bones. The left lung—the side vaccinated—was affected by the disease, but not the right one."

There are several points connected with these vaccination cases, worthy of particular notice.

First, that among fifty or more persons vaccinated, there should have been only one solitary instance of *true* vaccination, and that a case of re-vaccination, not having a very wholesome run. Here were twenty quills from the City Physician's office, Boston, and in all probability charged with virus from one or more arms—not the same as those from which the scabs were obtained; and about one quarter of these quills were introduced into the arms of persons never before vaccinated. At the same time, though in a few instances they created some inflammation, in none were there serious and lasting effects.

Again. The vaccination from the scabs, either as used at Pelham or in a dissolved state, had no wholesome run whatever. As quite a number of individuals were vaccinated only from three to five days after the scabs were dissolved in snow water, it would seem, in the opinion of some of the witnesses, that there might have been at least virtue enough left to work favorably in some one instance.

Another striking point deserving notice, is, that the cases in which the dissolved virus worked badly, assumed a more violent and dangerous form, the longer the matter had been kept, before being introduced. This fact would show that the virus became more and more poisonous in its nature, the longer it was kept.

Another feature peculiar in these cases, is the *immediate* and *powerful* effect the vaccination produced upon several persons. Mr. Ephraim Wright complained of feeling the bad effects in an

hour. Mr. Samuel Fletcher, vaccinated at 4 o'clock, P.M., slept scarcely any that night on account of pains in his back and hips; he took his bed at 10 o'clock next day, and sent for a physician. Mr. Bostwick complained next morning of so much headache, pain in his back and general uneasiness, that he sent for a physician and took his bed. Mr. Price, at Forge Village, says his arm, where vaccinated, became swollen within two hours. These four cases were *men*, having good health at the time, and not likely to complain or give up without sufficient cause, not being nervous or affected by any fears. The effects of vaccination were not therefore *imaginary*, but real, and probably under- rather than over-stated.

The vaccinations of Mr. S. Fletcher, and of Mr. E. Wright, were the only violent cases that occurred in the centre of Westford, and both died; but at Forge Village there were five persons dangerously affected, of whom only one (Mrs. Prescott) died. These were attended by Dr. Kimball, of Lowell, who made deep incisions into the arm, which were followed with profuse suppuration; but a long time may elapse before all of them will recover perfect health.

So great was the excitement arising from these sudden deaths, and other dangerous cases growing out of this vaccination, that, to satisfy the public, a Coroner's Inquest was summoned upon the case of Mr. E. Wright, which, after various sittings, brought in the following result:

"I. Ephraim Wright died of phlegmonous erysipelas on March 4th, 1860.

"II. This erysipelas was caused by vaccination.

"III. There are two causes for the peculiar result of this vaccination. 1st. The matter, which came from Dr. Clark, of Boston, and with which this vaccination was done, was originally bad, when put into the hands of Dr. Buttrick. 2d. This matter, by keeping in solution by Dr. J. F. Buttrick, of Westford, became still worse.

"IV. The trouble in this case is due to a combination of these two causes."

The question why vaccination should produce such serious and fatal results, was an important one. Such was the occasion of the above-mentioned Coroner's Inquest, though the result of their verdict is not altogether satisfactory. The leading medical testimony—in fact, nearly the entire evidence of all the regular members of the profession—went decidedly to prove that *the fault was in using vaccine virus changed, by its solution in water, to a putrid nature—operating as an animal poison*. This would have been sufficient cause to account for all the facts that came directly and personally to the knowledge of most of the medical witnesses. But it was assumed by the inquest, from the commencement, that the same effects had virtually arisen from the same matter used in a dry state. Leading

questions were put by the foreman of the Jury to almost every physician, with such facts assumed. The result of this inquest was not surprising, considering this state of things, and was based undoubtedly upon three points, viz.:—1st. That no perfect vaccination resulted from this matter obtained at Boston, either on the quill, in the dry state, or from the virus dissolved. 2d. That several witnesses, who evidently had influence with the jury, testified positively that erysipelas, scrofula and syphilis, as well as some other forms of disease, were communicated by vaccination. 3d. That in six cases at Pelham, where this same matter in a dry state was used, it worked badly, resulting in one instance as the probable cause of death. The evidence from this last source rested almost wholly upon the veracity of the attending physician and his relatives—all interested parties. But as it was given under oath, and some circumstantial evidence seemed to confirm its correctness, it could not easily be set aside.*

Were it not for these cases at Pelham, the inquest could not possibly have come to any such result. Dr. Osgood, of Westford, testified that in the case of one of the Buttrick boys, of Pelham, the vaccination was spurious. Had the three scabs been dissolved on the 11th or 12th of February, and this same matter used at Pelham, the whole facts would have been consistent, and could be explained upon strictly scientific principles. How the matter in itself could have been of such a poisonous nature, it is difficult to explain. John W. Foy, a student in Dr. Clark's office, testified that he put up these scabs for Westford; that they were obtained from clean and healthy children; that the scabs were of a bright mahogany color, perfectly free from any extraneous substances, and as good and perfect as any he ever saw. More than 3,000 supplies of matter, in points and crusts, have been furnished by Dr. Clark to physicians and public institutions, and several thousand persons within a year had been vaccinated at the office in Boston; but from no one of these had the least complaint ever been heard as to the *bad quality* of the matter. And why the scabs sent to Westford should be different in their nature or in the results of their application, it was impossible to explain.

The verdict of the jury may satisfy the mind of the public much better than that of the medical profession. It is impossible for

* Since the above matter was in the printer's hands, the following Card appeared in the *Lowell Courier* of May 17th:—

"We, the undersigned, physicians and surgeons, of Nashua, N. H., do hereby certify that we were present at the exhumation and examination of the body of the child of Mr. Augustus Buttrick, in Pelham, N. H., April 15th, 1860. Said child was vaccinated by Dr. Buttrick, of Westford, Mass., from a dry vaccine scab, about three days before its death. We found the body in a good state of preservation. On examination, the right arm appeared natural and healthy, while the left presented every appearance of having been extensively diseased by an aggravated and unhealthy inflammation, affecting not only the arm and fore-arm, but extending to the back and shoulder of the same side. There was no appearance whatever of a true vaccine vesicle. In our opinion, the disease was sufficient to have caused the death of the child.

GEO. GRAY,
E. A. COLBURN,
WM. A. TRACET."

any scientific and thoroughly-educated physician to be satisfied with the reported evidence, as it came before this Coroner's Inquest. Perhaps, by the publication of this paper, or through some other means, new evidence may spring up from some source, which will throw light upon the subject, and help to clear away the mystery and reconcile the conflicting statements and evidence in this matter.

These vaccination cases at Westford present many important suggestions to the medical practitioner—some of which, may here be noticed.

First, Can pure or genuine *vaccine virus* be ascertained by the looks of the scab alone? Books describe what are called *good* and *bad scabs*; but will the form, color, size, and other physical qualities, ensure us that the *virus* is good?

Some intimations in the evidence connected with these cases, show us that we should be careful about using the edges, or under part of the scab—that these parts may be composed of purulent matter, more or less. Thus, much spurious vaccination might occur. And is it not probable that the purest part of the vaccine virus lies in the centre of the scab—that here, in the soft state, a small circumscribed circle secretes the real vaccine lymph—composing, in the hardened state, only the central portions of the scab, leaving the other parts made up of more or less purulent matter? If this is the case, even of scabs obtained from perfectly healthy children, it will account for failures, and spurious vaccinations, where it was not certainly expected.

Again. How shall we vaccinate? Most of the testimony on this point favored the practice of using a *dry scab*, introduced by the point of a lancet. Some moisten the matter and scarify the arm, but do not keep the virus in a dissolved state. No evidence from any good authority was given to sustain the mode of using vaccine matter long dissolved. After a very thorough search in various medical Journals and books, we can find no precedent or instruction to encourage or sustain such a mode of vaccinating. The most common principles of chemistry would seem to teach that animal matter, dissolved in water and exposed to heat, would become decomposed, and its nature radically changed. It might in this way become one of the most virulent animal poisons known—reaching, in a few days, its most poisonous state, and afterwards diminishing, if not losing its poisonous nature. If vaccination had ever been performed to any extent with matter in a dissolved state, there would certainly have been some notice or account of it, in medical Journals or books. If vaccination performed in any way had ever resulted in such a number of deaths as at Westford, there would undoubtedly have been reports of such cases somewhere in medical works.

Another peculiarity in this vaccination is, in the use of a thread—saturating it with vaccine matter, and introducing the least par-

ticle into the arm. This method is resorted to, both for the sake of economy and convenience. The same amount of vaccine matter used in this way would go much further, and when the *virus* is expensive, as in the present case, the economy of the thing is quite a consideration with some persons. In none of the testimony before the inquest, was there any authority or precedent adduced in favor of using the thread, which could have much weight with a jury or with the public. And the question has arisen, whether this thread may not have operated as a foreign substance like a sliver, to create an inflammation different from the vaccine matter, and thus change the whole character of the disease?

Another very important inquiry connected with this subject is, *can disease be communicated by vaccination?* Several of the medical witnesses testify as follows, on this point:—Says Dr. Kimball, "If you get a good scab, regular, &c., I doubt if through that you can transmit any poison from one body to another. I don't believe you have any thing from it but good virus." Says Dr. S. Cabot, "I do not believe any other than vaccine can be transmitted by a good and perfect scab." Says Dr. Homans, "I do not believe anything foreign follows from vaccine matter, if the vaccination be perfect. If the scabs were perfect, the perfect fruit of vaccination in shape, size and look, I cannot conceive that it would produce anything whatever but the vaccine disease, unless it had absorbed something poisonous after leaving the body. Predisposition might interfere and cause erysipelas." "In my opinion," says Dr. Jacob Bigelow, "it has not been sufficiently proved that other diseases have been conveyed from one individual to another, with vaccine matter as such." Dr. John Ware says, "I have never seen any dangerous result from vaccination."

Dr. Henry A. Martin, of Roxbury, in his testimony at Westford, says, "The only disease, I think, which can be transmitted by vaccination, is syphilis." And against this, Dr. John Homans states that "if a patient was suffering from syphilis, I do not believe it would connect itself with the vaccination. If syphilis affected the vaccine, you would not get a proper or perfect scab."

Against the above testimony, there were four medical persons not connected with the regular profession, though professing much experience in vaccination and authority in such matters, who stated that, in their opinion, erysipelas, syphilis, and scrofula in some of its forms, are communicated by vaccination, and refer to facts within their own knowledge.

In respect to communicating, by vaccination, any disease or humors, so called, it is very desirable that both the medical profession and the community have a good understanding. It is very important here to draw the line between *transmission* and *occasion* of disease. In a large majority of the cases where the public are disposed to attribute to vaccination as a cause, any appearance of erysipelas, or any other disease of an eruptive or scrofulous na-

ture, the vaccination is merely the *occasion*, and not the cause. Erysipelas may be prevalent as an epidemic, or some other infectious disease, at the time of vaccination; or there may be an unfavorable state of health in the person, or a predisposition to scrofulous complaints which have always lain dormant in the system, awaiting any exciting cause for development. Several witnesses refer to such a state of things. Dr. Cabot refers to two cases vaccinated with the same matter—one his own father, who nearly lost his life, and upon the other it had no effect. The fault, in the first case, arose from constitutional peculiarities. Dr. Cabot relates several cases in which erysipelas followed vaccination, but he could easily account for it.

Dr. Homans mentioned two cases of erysipelas following vaccination, which he could not well explain unless there was some predisposition to it. He says that "vaccination may *educe*, but not *create* erysipelas: also develop other constitutional diseases." Dr. Bigelow says, "I have known three cases in which erysipelas occurred in a vaccination patient, beginning about the eighth or ninth day: two of these proved fatal." But he does not attempt any explanation of them.

Dr. John Ware states that he never had a case of erysipelas following vaccination, but thinks it possible, though of very rare occurrence. Several of the medical witnesses pronounce the cases at Westford as *phlegmonous* erysipelas, and two others describe them the same as *dissection* wounds. The inquiry here suggested is, does not an *animal* poison produce a *specific* inflammation—having a run, and affecting the system, unlike any kind of erysipelas? Would not a different cause, entirely unlike any other, produce a distinct and specific disease?

In the seven worst cases at Westford, there was a remarkable resemblance as to all the leading symptoms and effects, both local and general.

There are two inferences that naturally follow the perusal of this report. *First*, The matter of vaccination should assume far more importance and attention on the part of the medical profession than it now receives; and, *secondly*, the public should be enlightened and set right in reference to the subject of disease being communicated by vaccination.

SURGICAL CASES.

BY A. F. SAWYER, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

CASE I.—*Wound of the Profunda Femoris near the Linea Aspera; Ligature of both Extremities.*

A young Spaniard, aged about 23 years, in a quarrel with one of his countrymen, received a severe knife-wound on the outside of

the left thigh, extending from a little below the trochanter, downward, a distance of about seven inches.

I was called suddenly to see the patient, about a fortnight after the receipt of the wound, on account of a severe secondary hæmorrhage which had supervened. I found him nearly pulseless and speechless, with a large amount of blood oozing and dripping from the dressings of the thigh. Firm compression was made at once over the femoral artery, where it escapes from the pelvis, which immediately checked the bleeding.

On inquiry, I learned that the *primary* hæmorrhage had been of a most dangerous character—the patient bleeding to syncope. Still no efforts had been made to secure the divided vessels by ligature; the wound being stuffed with Monsel's salt, the edges approximated and retained by sutures, then adhesive strap, and a simple roller applied to the limb. Recurring hæmorrhages took place at intervals of three or four days, the patient each time bleeding nearly to syncope, which afforded a temporary check to the drain of blood, to be renewed again when reaction supervened, and the force of the circulation became once more established. At each hæmorrhage the wound was re-opened, then stuffed with Monsel's salt in its pure state, and the compression renewed—this being applied only locally to the wound.

On removal of the dressings, the edges of the wound were found widely gaping and sloughy, enclosing also a large amount of fresh and half decomposed coagula, which were carefully washed out. The deepest part of the wound was at the lower third of the thigh, having its direction behind the femur. The linea aspera was denuded for about two inches, and just to the inside of the linea aspera the pulsations of the femoral could be distinctly felt, where this artery is seeking its posterior position with reference to the thigh, before it becomes the popliteal artery. We now had but little doubt that the femoral had been pricked, or partially divided, by the point of the knife which had made the wound. As the hæmorrhage appeared to be equally controlled by pressure on the superficial femoral, at the inside of the sartorius muscle, it was concluded that none of the larger branches of the profunda femoris were divided, as at first suspected.

On account of the sloughy condition of the wound, it was deemed preferable to tie the superficial femoral at the usual place of election, rather than to search for the bleeding orifice in the wound itself.

This operation was scarcely concluded, when, to our surprise, the hæmorrhage set in as profusely as before the ligature of the artery, proving conclusively our error, and that the hæmorrhage really came from some one of the larger branches of the profunda femoris.

The ligature which had been placed on the femoral artery was at once removed, and, without loss of time, we proceeded to make

search for the true source of the hæmorrhage, by dilating the original wound, resolving, if we failed, which seemed quite probable, that we would, as a last resort, tie the external iliac.

Fortunately, however, we were able to find the bleeding vessel, resting upon the linea aspera, and which was evidently the terminal branch of the profunda femoris. Both extremities of the vessel required ligatures.

From this period the case progressed favorably. The circulation of the femoral was at once re-established after the removal of the ligature, and the wound healed by first intention. The edges of the original wound were kept gently supported by adhesive plaster, over which emollient applications were applied for a day or two, until a healthy granulating surface was indicated. Firm dressings were then continued, with adhesive plaster and roller, until the wound was completely cicatrized, which occurred in about five weeks after cessation of the hæmorrhage.

CASE II.—*Intra-Capsular Fracture of the Os Femoris in a young Man.*

Mr. F., a painter, aged 24 years, six feet two inches in height, and muscular in proportion to his size, while engaged in work, accidentally fell from a stage which was suspended by ropes, about twenty-five feet from the ground, and struck upon the edge of the curb-stone of the side walk—the force of the fall, and the weight of the body, being received directly upon the left trochanter.

On examination, a short time after the accident, there was found considerable swelling, with discoloration and tenderness about the upper portion of the thigh. The patient had no power of voluntary motion over the limb, and any forcible movement, as flexion, extension, &c., or pushing the head of the femur against the acetabulum, was attended with acute pain, which was referred to the hip-joint. Crepitus was perfectly distinct, especially on outward rotation of the thigh; still there was no inversion or eversion of the foot, no shortening of the limb, and the patient suffered little or no pain when the limb was allowed to rest quietly. These latter indications seemed rather to point to a fracture of the pelvis, involving the acetabulum, than to any fracture of the head or neck of the femur.

We found it necessary to etherize the patient, to enable us to make a more detailed survey of his injuries. We then got the same crepitation as before the patient was insensible, though more strongly marked on outward rotation of the femur. Crepitus was most perceptible when passive motion was given to the limb, by grasping the trochanter firmly with one hand, while the fingers of the opposite hand were pressed deeply towards the joint on the inner side of the thigh. We were unable to detect any grating or unnatural mobility about the pelvic bones, after a very careful examination both externally and by the rectum. The crest of the

ilium, the pubes, pubic arches and ischiatic tuberosities were firm, and in situ, and manipulation was unattended with any pain.

It is difficult to conceive of a fracture of the acetabulum, without fractures involving also the surrounding bone, sufficiently extensive to yield motion and crepitation. There have been rare instances where the acetabulum has been driven inward by the head of the femur, thus producing a shortening of the corresponding limb; but there was no shortening in this case. Here, if there had been any fracture of the acetabulum, the unusual crepitation that existed must have shown the fracture to have been a very extensive one, in which event it is obvious that grating could have been detected by the finger introduced within the rectum, which was not the case.

There was no pain in urinating, nor appearance of blood in the urine; in short, the pelvic viscera had escaped all injury.

We were thus forced to the conclusion that the head or the neck of the os femoris had sustained a fracture—especially when it is borne in mind that the nature of the fall was technically such as to produce this rare injury, the shock being immediately applied to the great trochanter, and transmitted directly in the axis of the cervix femoris. The absence of shortening, or of any distortion in the appearance of the limb, or of any tendency to eversion or inversion of the foot, were peculiar features in the case. The trochanter also appeared to occupy its natural place.

Many explanations have been attempted, by Syme and others, to account for the marked crepitation on rotation, an important diagnostic sign in this class of injuries. For crepitus *from rotation* is much more distinct than can be obtained from any other form of passive motion that can be given to the extremity. However ingenious these explanations may appear, we think, on the whole, they are to be rejected as unsatisfactory.

Was there any likelihood, in this instance, of the head of the bone being involved in the fracture? The absence of shortening of the limb and of other anatomical lesions, characteristic of fracture of the neck of the femur, whether extra- or intra-capsular, makes it probable that there was an oblique fracture of the head of the bone, all displacement being prevented by the integrity of the capsular ligament, and by the acetabulum acting as a closely-adapted splint to confine the fragments in close apposition with each other. We can hardly expect a fracture of the cervix, without a more or less complete laceration of the capsular ligament; and it is in part the laceration of this ligament which permits these displacements to take place, so important in the diagnosis of intra-capsular fractures of the cervix. We know also that fractures of the head of the bone may occur; and we have at the present time a specimen of this fracture in our possession. The injury was produced by a fall from a horse, when the subject of it was about fourteen years of age. The father informed us that the

nature of the injury was never distinctly made out by the surgeons in attendance, which is not to be wondered at, since the accident occurred at a time when the existence of intra-capsular fractures in young subjects was denied.

Treatment.—The patient was placed upon a firm, hard mattress, with his shoulders slightly raised, and both knees flexed and supported upon a pair of pillows—one placed upon the other, thus giving him the advantages without the discomforts of the ordinary mechanical appliances of the double-inclined plane. At the end of two months the joint was sufficiently firm to enable him to bear his weight on the limb without complaint of pain; and there was no pain or embarrassment in the articulation on motion. The fracture was considered to be sufficiently consolidated to allow him to move freely about on crutches.

San Francisco, Cal., April 4th, 1860.

Bibliographical Notices.

Seventeenth Report to the Legislature of Massachusetts relating to the Registry and Return of Births, Marriages and Deaths in the Commonwealth, for the year ending Dec. 31st, 1858.

THE State Registration Report for the year 1858, comes to us with full evidence of the care and labor exercised in putting the facts together and drawing inferences from them, but also with the customary and well-founded regret that these facts are so incomplete.

During the year there were registered, in a population estimated at something less than one and a quarter million for the middle of the year, 34,491 live births, 10,527 marriages, and 20,776 deaths; being a decrease of 829 births, of 1212 marriages, and 504 deaths, as compared with those registered in 1857. Assuming that all the births, marriages and deaths, which actually occurred, were registered, this would give a rate of one birth to 35 persons living, one marriage to 116 persons living, and one death to 59 persons living, and shows an average, for each day in the year, of 94 births, 29 marriages, and 57 deaths. These numbers are from the outline which precedes the main report, and are followed by some just observations from Dr. Curtis on the importance of statistical inquiry, as applied to this class of facts, and upon the injury which is done by the dissemination of erroneous results, drawn from incomplete data.

From the article on population we learn that the rate of increase, from the excess of births over deaths, was 1.13 per cent.; and that the whole rate of increase, from this and other causes, was 3.02 per cent. On page 9 is an interesting table, showing the distribution of the population by ages, in which Massachusetts is compared with England and France, with two of the New England States, and with two of the Southern. It appears that France has in every 100 persons of the population 61 over 20 years, Massachusetts has 58, England has 55, and Kentucky 44. The number over 50 years, is 19 in the 100 in France, 13 in Massachusetts, 14 in England, and 8 in Kentucky. Between the ages of 20 and 50, France has 42 in the 100, Massachusetts

has 45, England has 41, and South Carolina and Kentucky have 36 each. In Massachusetts, 31.7 per cent. of the population are under the age of 15 years; while in the two Southern States, the proportions are 43.4 and 45.2 per cent.

The birth rate (1 in 35.3 of the living), for the year 1858, fell below the average (1 in 34.4), of the seven years 1852—58, and is considerably lower than the birth rate of England, which was 1 in 29.6 for the ten years 1847—58; and yet this State has 45 persons in the 100 between the ages of 20 and 50, while England has 41. The excess of females over males (100 to 81), in the illegitimate births, is rather a curious fact, though it appears that this excess has obtained during the seven years, 1852—58, the ratio being 100 girls to 91 boys in a total of 1,167 births. There were 293 illegitimate births recorded during the year. In 120 cases the mothers were American, in 151 they were foreigners, and in 22 their nativity was not stated. In this class of births was one which deserves notice as an exceptional case. E. D. was born at the Taunton Almshouse, May 24th, 1847, and at the same place, Feb. 1st, 1858, she was delivered, by the same physician who had brought her into the world, of a well-grown boy, she being ten years, eight months and seven days old—an instance of precocity, both physical and moral (or rather immoral), which would hardly have been expected except in a Hindoo.

The number of still births recorded during the year was 747. Were there any way of recording those which are still, because premature, and regarding which, the silence kept is guilty, possibly the difference between the registered fecundity of this State and that of England would not be so wide as it now appears. We fully agree with Dr. Curtis in the opinion that "the still-born should not be classed with the births, as they add no unit to living beings; nor with the deaths, as they detract no unit from self-existent life," and that none should be called still-born, who are not "dead when born."

It is note-worthy that the proportion of children born of American parents has diminished steadily from 54.3 per cent. in 1854, to 48.98 per cent. in 1858, while the proportion born of the intermarriages of Americans and foreigners, has increased (not steadily), from 4.58 per cent. in 1854, to 5.75 per cent. in 1858. The per centage of marriage between persons of native and of foreign birth was 8.58 in 1858, against 7.90 in 1854, and appears to be increasing. "Foreign birth," be it remarked, includes the American-born children of foreigners, and the increase in such births and marriages is important as affording some measure of the amalgamation, which is but beginning, between Americans of foreign parentage and Americans *pur sang*.

The uneven number, 24,217, in the second table of page 32, purporting to be the annual average number of persons married during five years, is probably an error, unless we may suppose that at some time, one fortunate individual has enjoyed the rare and unalloyed satisfaction of being married all alone by him- (or her-) self, the other, and in most cases the necessary, consenting party having been omitted on that special occasion. It is rare that any one succeeds so perfectly in marrying the person whom he (or she) loves best, as when he (or she) marries No. 1, and we can sympathize with the pious joy of the officiating clergyman that here was, at least, one holy bond, which could never be broken on the modern plea of incompatibility of temper.

Incompleteness and inaccuracy in the registration of deaths, are more to be regretted than the same faults in the matter of births and marriages, and in 1855 it was estimated that not far from 16 per cent. of the deaths escaped registration. The death rate for the year 1858, was 1.707, or one death to 58 living; this is below the average rate (1.845) for the five years, 1853—57. The death rate of England and Wales was 2.305 per cent. in 1858, and 2.201 per cent. for the five years, 1853—57. The actual death rate of Massachusetts is probably greater than these numbers give it; and the defects of registration, which are supposed to be greater in the thinly-settled districts than in the towns, must be remembered in comparing the different sections of the State. The ratios vary from 2.12 per cent. (1 to 47 living), in Suffolk County, to 1.33 (1 in 75) in Berkshire. But it is note-worthy that similar differences are found in the registered rates of mortality of the larger towns, and even of those lying close together. Thus in the table of page 42, the rate of mortality for Boston is 2.17 (1 to 46 living), for the year 1858, while Chelsea shows only 1.39 (1 to 72); and for the year 1857, the rates were respectively 2.30 (1 to 44) and 1.18 (1 to 85), for the same towns. The fact that Chelsea stands lowest on the list in point of population, does not account for this difference, for Fall River, which is next lowest, shows a rate of mortality fully equal to that of Boston, being 1 to 49 in 1858, and 1 to 32 in 1857, with an average of 1 to 33 for the five years, 1853—57, against 1 to 38 in Boston for the same period. No attempt is made to assign any cause for such differences, nor do we know that it comes within the scope of the Report.

The mean age at death in Massachusetts for the past ten years, has been 27 years; and the mean duration of life, 40 years. We would call special attention to Dr. Curtis's exposure of the prevalent fallacy of estimating the healthiness of a community from this source alone, and without reference to the average age of the living. Zymotic diseases were registered as the causes of death in 5,402 cases. Small-pox was fatal in only 12 cases. In 1854, 207 deaths were reported from this cause; in 1855, there were 328; in 1856, 140; and in 1857, 23. The record for 1859 will probably show a larger mortality than any year of the decade.

The tables, from p. 64 to p. 71, which show the number of deaths from several specified causes, are well worthy of attention. We are surprised that the term "typhus fever" should be retained, and made to include the cases of typhoid, and all continued fevers. The distinctions between typhus and typhoid are now fully made out, and should appear in any classification of the causes of death. Of the 901 deaths from this cause, in 1848, 136 (15.10 per cent.) were in the month of October; 410 (45.51 per cent.) were between the ages of 15 and 40 years. Of the 6,891 deaths registered under this head, in the years 1852—58, 1,097 (15.92 per cent.) were in October, and 3,347 (48.57 per cent.) were between 15 and 40.

Pneumonia was the cause of 1,174 deaths. Of these, 504 (42.93 per cent.) were under 5 years of age, and 259 (22.06 per cent.) were over 60 years.

"Teething," that convenient mantle, which, like charity, covers a multitude of (medical) sins, was the assigned cause of 353 deaths, none of which, in 1858, were of persons above 5 years of age; but

during the seven years, 1852-58, 5 deaths were reported of persons between 5 and 15 years as due to this cause!

Croup was fatal in 497 cases (266 males, 229 females), and it is stated that the recorded mortality from this cause has steadily diminished since 1853, when 608 deaths occurred.

Whooping cough was more fatal to girls than to boys, and the mortality from this cause has increased from 277 (125 boys, 151 girls) in 1855, to 347 (146 boys, 190 girls) in 1858.

Consumption is recorded as the cause of 4,574 deaths (2,025 males, 2,548 females). The largest monthly mortality was (429 and 418) in September and May. Of the 32,009 deaths from this cause, in the years 1852-58, the largest mortality (2,919, 9.12 per cent.) was in September; the next largest (2,839, 8.87 per cent.) was in March.

The greater frequency of consumption among females is shown by the fact that to every 100,000 males living in 1858, there were 342 deaths from consumption; while in every 100,000 females, there were 407 from the same cause. A table on p. 75, gives the sex and age of 23,130 persons (9,734 males, 13,396 females) dying of consumption during five years. Under the age of 5 years, more males than females (1,036 to 881) died of this disease; but between the ages of 15 and 30, there were 2,373 more deaths of females than of males, the proportion being as 25 to 17.

The mortality from this disease is much higher with us, than in England and Wales. In the five years, 1853-57, we furnished an annual average of 411 deaths in every 100,000 persons living. There the average mortality was 277 to every 100,000 living during the same five years.

On page 75 is a table giving the rate of mortality in some of the various occupations. The highest rate for the five years, 1853-57, was among physicians, 2.03 to every 100 living. The lowest was among operatives, 0.62 to every 100 living; and yet the average age at death, for the past sixteen years, has been respectively 55 and 35 years. Attention is called to the fact that no persons under twenty years are classed in this report, as affecting the value of the inferences drawn from it. The average age at death during 16 years has been highest (64) among agriculturists; of clergymen, the mean age at death has been 56; of lawyers, 56; of blacksmiths, 52; of painters, 40; of printers, 37; and of operatives, 35.

The hope is expressed that before long the means of comparing the numbers dying, in the different walks of life, with the numbers living, will be presented in a way to make the results more reliable and just.

Allusion is made to the effort of the Mass. Med. Society to present a report upon the cases of zymotic diseases throughout the State. Possibly, this effort would have been more successful if the result aimed at had been less extended. If a few, or even but one, of the more common and easily recognized diseases had been selected and returns requested, we cannot help thinking that more than 117 members out of the whole Society would have reported. A list, which runs through the entire zymotic gamut, from boils to glanders, is to some extent appalling. Moreover, the object is to ascertain facts with the least possible bias from the opinions of the individual reporter, and yet the division into mild, fatal, and severe, involves an opinion which a division into fatal and non-fatal would avoid. We all know that some men's cases are invariably very severe.

A glance at table 8 (causes of death alphabetically arranged) is both instructive and satisfactory: for we learn that during the year only 14 persons died, like the small child's grandfather, "of a sudden;" and out of 20,776 deaths, in only 291 was the cause unknown—a fact which speaks volumes for the proficiency in diagnosis, which has been reached in this State, either by physicians or by the friends of the deceased.

The importance of the subjects involved in these reports must be our excuse for the length of this abstract. There is an annual advance in their completeness and value, which we presume is largely due to the industry and care of Dr. Curtis.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MAY 24, 1860.

STATISTICS OF MORTALITY BY PHTHISIS.—At the annual meeting of the Geographical and Statistical Society of New York, a paper upon phthisis was read by Dr. Henry B. Millard. As some of his conclusions are interesting in connexion with those arrived at by Dr. Bowditch, of this city, we republish them here. We call attention particularly to the effect of a moist atmosphere as favorable to the generation of the disease.

"He estimates that nearly one-sixth of the deaths among the human race occur from consumption. From statistics extending over a considerable period, he found that one death in every 5 7-10 occurred from consumption. In New York, from 1804 to 1820, one death in every 4 3-10 was caused by consumption; from 1820 to 1835, one in 5 4-10; from 1835 to 1850, one in 6 5-10: 1848 to 1859, one in 8 46-100; in Brooklyn, 1848 to 1859, one in 8 11-100. Of deaths in the army, he found that the greatest number of cases of consumption was from 6 9-10 to 9 2-10 annually for every thousand men, between latitudes 36 deg. and 25 deg., characterized by high temperature, copious rains and excessive moisture. The smallest number of deaths was 1 3-10 per thousand men in New Mexico, characterized by high land and dry atmosphere. While consumption is rare in countries of high latitudes, it is curious that in tropical countries the proportion of deaths is often too small to be calculated. In all Judea, in forty-three years, only 20 died of consumption. The theory that the sea air may prevent, as well as cure, consumption, is supported by statistics. In the British army, out of 14,590 men, 51 died of consumption; while out of 12,942 men in the navy, only 19 died of that disease. Consumption is not necessarily more prevalent in large than in small cities. Among the trades and professions, the following order of mortality by consumption was mentioned. The greatest was among tailors, shoemakers; next came blacksmiths, gardeners, bakers, butchers and lawyers. The mortality among tailors was four times that of the lawyers. The greatest mortality by consumption among males is said to be in the city. There is greater liability to consumption between the twentieth and thirtieth years of age than at any other period of life. The general conclusion was that humidity of the atmosphere is favorable, and dryness unfavorable to the generation of the disease, but moist salt water is not calculated for its development. Want of exercise and air tends to produce it; lack of light does not. It is more prevalent among females than among males. There are no reasons for the conclusion that the disease is either on the increase or decrease."

CONVENTION FOR REVISING THE PHARMACOPŒIA.—At the meeting of the Convention for revising the U. S. Pharmacopœia, recently held in

Washington, the following Committee on Revision and Publication was appointed, and instructed to publish the revised Pharmacopœia, and report their action to the next convention in 1870 :

Dr. Franklin Bache, of Philadelphia; Dr. E. R. Squibb, of New York; Mr. C. T. Carney, of Massachusetts; Dr. Geo. B. Wood, of Philadelphia; Dr. H. T. Cumming, of Maine; Mr. William Procter, of Philadelphia; Mr. Ira Carson, of Philadelphia; Mr. William S. Thompson, of Baltimore; and Mr. A. B. Taylor, of Philadelphia.

A resolution was offered and adopted, that, in the index of the Pharmacopœia, the syllables of both Latin and English names be so divided and accented, that the index may also serve as a pronouncing vocabulary to the *Materia Medica*.

WHAT THEY THINK OF US IN PARIS.—We all of us, I fancy, are guilty of the vanity of looking in the glass once in a while, if only for the purpose of refreshing our memories as to "what manner of men" we are. The following reflection, therefore, upon our professional faces, from the *Archives Générales de Médecine* of April, may not be without interest to some of our readers. In a notice of Noeggerath and Jacobi's Contributions to Midwifery, &c., the *Archives* says :—

"We are so much the more disposed to encourage the experiment of our confreres in New York, as they thus furnish us a much more easy access to American Medical literature, distributed over their provincial publications, of which the greater part are as yet, and will remain for a long time, unknown to us. It is no more than justice to the medical writers of America, however, to say, that they are seeking more and more to establish scientific relations with Europe and even with France, of which they have known nothing until within these last years, except indirectly, and through the medium of English journals.(1) Science cannot but be a solid gainer by this, and professional morality will also find its advantage in it. America has, in this respect, a reputation to make, and still more to *unmake*. She has passed for a long time for a country of romantic observations, of adventurous experiments, of a surgery without pity or a medical practice full of perils. At the present day its rashness is getting calmed, but there are not wanting yet daring experiments, which have no other possible excuse, except that, in default of success, they serve at least as a warning."

Fas est ab hoste doceri, and this in any sense, even to learning to know ourselves. Is this reflection from the Parisian mirror a true "presentment," or is it a *little* distorted? At any rate, we think Mons. Vattemare, when he next makes a visit to America, had better turn his attention to a more complete system of medical exchanges.

A.

AMERICAN MEDICAL ASSOCIATION.—The Chairman of the Committee on Railroad Arrangements, Dr. Benjamin Noyes, of New Haven, has given notice that the Railroad and Steamboat Companies named below, have agreed to carry delegates to and from the meeting in that city on the 5th of June, at reduced rates of fare :—

"The Detroit and Milwaukee, Michigan Central, and Great Western Railroads, to Suspension Bridge; the Pittsburgh, Fort Wayne and Chicago Railroad; the Pennsylvania Railroad; the Philadelphia, Wilmington and Baltimore Railroad; the Charleston and New York Line of Steamships; it is hoped and ~~believed that~~

arrangements for a reduction of fare between Philadelphia and New York will be effected prior to the sitting of the Convention; the New York and New Haven Railroad; the steamboats 'Elm City' and 'Traveller,' between New Haven and New York; the Western, and New Haven, Hartford and Springfield Railroads, between Albany and New Haven; the same roads, in connection with the Boston and Worcester Railroad, forming the 'Inland Express Route,' as also the 'Shore Line Route,' composed of the Boston and Providence, Providence and Stonington, and New Haven, New London and Stonington Roads; the Kennebec and Portland Railroad, the roads between Portland and Boston, the Worcester and Nashua, and Connecticut River Railroads. Delegates and permanent members should make their official character known when purchasing tickets upon any of these roads."

MESSRS. EDITORS,—Will some of your readers answer the following question. "Can the infection of variola be more readily communicated from a *very old* and feeble person, than from a young and generally healthy one?"

I ask this question, because, quite recently, the first case of varioloid in our town was a person nearly ninety years of age, from whom it seems to have spread more than from any case I have ever known before.

Yours, truly, S. A. LORD.

So. Danvers, May 21, 1860.

NEW MEDICAL JOURNAL.—We have received the first number of the "San Francisco Medical Press," a quarterly journal, edited by Dr. E. S. Cooper, Professor of Anatomy and Surgery in the University of the Pacific. It is a pamphlet of 64 pages, and contains several contributions from the profession in that city. We are glad to add it to our list of exchanges.

We are requested to mention that the place of meeting of the National Sanitary and Quarantine Convention, which assembles in Boston on Thursday, the 14th day of June next, is in the HALL of the MECHANICS' ASSOCIATION, at the corner of Bedford and Chauncy Sts.

UNIVERSITY OF MARYLAND.—The chair of Physiology and Anatomy in this institution, having been left vacant by the resignation of Professor Joseph Roby, Dr. W. A. Hammond, Surgeon U. S. A., has been unanimously elected to it, and will commence his duties with the next session.

MEDICAL INSTITUTIONS IN AUSTRIA.—The Austrian empire now contains 330 civil hospitals and 159 for soldiers. The number of patients admitted annually amounts to about 400,000. There are 40 lunatic asylums, in which about 6000 individuals are confined; 40 lying-in hospitals, which annually receive from 40,000 to 60,000 women; and 33 orphan establishments, containing 24,000 children. The number of medical men in the Austrian empire amounts to 27,984, or one to each 1000 inhabitants. In France there are only 18,000 for a population of nearly 36,000,000, or one for each 2000 inhabitants.

INSANITY IN PARIS.—It is stated by the French press that lunacy is much on the increase in Paris. It is certain that recently a considerable number of eccentric and insane persons have publicly exhibited their peculiarities in such a manner as to call for restraint. This may be an accidental and temporary condition of affairs. Twice during

the last few days the police have arrested three persons who were openly committing acts of insanity in public places. On Saturday week, three lunatics successively applied for admission at the Tuileries, seeking an audience of the Emperor Napoleon on various pretences.—*Lancet*.

PEPSINE IN THE SEVERE AND OBSTINATE VOMITING OF PREGNANT WOMEN.
—M. L. Corvisart has of late advocated the use of pepsine to allay the very dangerous symptoms connected with the uncontrollable vomiting of pregnant women; and it would appear that excellent results have already been obtained. In *L'Union Médicale* of the 17th inst., we find two remarkable cases, reported by M. Baudot, in which the first doses of pepsine immediately relieved the patients, who had been brought to a very low ebb by constant vomiting.—*Ibid*.

Parts I. and II. of the "Geological Survey of Missouri," by G. C. Swallow, State Geologist, have just been published. The Legislature of the State has, since 1853, appropriated from \$10,000 to \$12,500 annually, to be expended in making "a thorough geological and mineralogical survey of the State."—Dr. John S. Wilson, of Columbus, Georgia, has become associated with Profs. Harris and Arnold, of Savannah, in the editorial management of the *Savannah Journal of Medicine*, which has just commenced its third volume.—The fourth regular Medical College in the State of Georgia has just been inaugurated. It is located at Griffin, and is called the *Middle Georgia Medical College*.—A prospectus has been issued of the Medical and Surgical Encyclopedia, to be published in Sandersville, Geo., and edited by Drs. Hollifield and Newsome.—The Legislature of Alabama has donated \$50,000 to the *Mobile Medical College*.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, MAY 19th, 1860.

DEATHS.

	Males.	Females	Total.
Deaths during the week,	47	31	78
Average Mortality of the corresponding weeks of the ten years, 1850-1860,	33.5	34.7	68.2
Average corrected to increased population,	77.8
Deaths of persons above 90,

Mortality from Prevailing Diseases.

Consumption.	Croup.	Scarlet Fever.	Pneumonia.	Measles.	Smallpox.
15	1	2	8	1	4

METEOROLOGY.

From Observations taken at the Cambridge Observatory.

Mean height of Barometer,	30.088	Highest point of Thermometer,	80°
Highest point of Barometer,	30.346	Lowest point of Thermometer,	37°
Lowest point of Barometer,	29.616	General direction of Wind,	E.
Mean Temperature,	58° 6	Whole amt of Rain in the week	0.20 in.

TO CORRESPONDENTS.—The following papers have been received:—Some Account of the Dengue Fever, by Dr. Powers, of Moravia, N. Y., with a Note from Prof. Holmes, of Boston. Suit for Malpractice in Cortland Co., N. Y. Singular Case of Loss of Hair. Record of Obstetrical Cases.

PAMPHLETS RECEIVED.—Pathological Phenomena Generalized. By H. Backus, Selma, Ala. Urethro-Vaginal, Vesico-Vaginal and Recto-Vaginal Fistules. Report of Cases treated by N. Bozeman, M.D., New Orleans (late of Montgomery, Ala.).

Deaths in Boston for the week ending Saturday noon, May 19th, 78. Males, 47—Females, 31.—Apoplexy, 2—inflammation of the bowels, 1—disease of the brain, 2—inflammation of the brain, 1—cancer (of the uterus), 1—consumption, 15—convulsions, 1—croup, 1—dropsy, 1—dropsy in the head, 3—drowned, 1—infantile diseases, 4—puerperal disease, 2—scarlet fever, 2—typhoid fever, 3—disease of the heart, 2—disease of the hip, 1—intemperance, 1—intussusception, 1—congestion of the lungs, 1—inflammation of the lungs, 8—marasmus, 1—measles, 1—mortification, 1—neuralgia, 1—old age, 3—palsy, 2—pleurisy, 1—premature birth, 1—rheumatism, 1—scrofula, 1—smallpox, 4—teething, 2—unknown, 4—disease of the uterus, 1.

Under 5 years, 27—between 5 and 20 years, 7—between 20 and 40 years, 21—between 40 and 60 years, 15—above 60 years, 8. Born in the United States, 61—Ireland, 14—other places, 3.